

108TH CONGRESS
2D SESSION

S. 2894

To amend the Public Health Service Act to provide for the coordination of Federal Government policies and activities to prevent obesity in childhood, to provide for State childhood obesity prevention and control, and to establish grant programs to prevent childhood obesity within homes, schools, and communities.

IN THE SENATE OF THE UNITED STATES

OCTOBER 5, 2004

Mr. KENNEDY introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to provide for the coordination of Federal Government policies and activities to prevent obesity in childhood, to provide for State childhood obesity prevention and control, and to establish grant programs to prevent childhood obesity within homes, schools, and communities.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Prevention of Child-
5 hood Obesity Act”.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) Childhood overweight and obesity is a major
4 public health threat to the United States. The rates
5 of obesity have doubled in preschool children and tri-
6 pled in adolescents in the past 25 years. About
7 9,000,000 young people are considered overweight.

8 (2) Overweight and obesity is more prevalent in
9 Mexican American and African American youth.
10 Among Mexican Americans, 24 percent of children
11 (6 to 11 years) and adolescents (12 to 19 years) are
12 obese and another 40 percent of children and 44
13 percent of adolescents are overweight. Among Afri-
14 can Americans, 20 percent of children and 24 per-
15 cent of adolescents are obese and another 36 percent
16 of children and 41 percent of adolescents are over-
17 weight.

18 (3) Childhood overweight and obesity is related
19 to the development of a number of preventable
20 chronic diseases in childhood and adulthood, such as
21 type 2 diabetes and hypertension.

22 (4) Overweight adolescents have up to an 80
23 percent chance of becoming obese adults. In 2003,
24 obesity-related health conditions in adults resulted in
25 approximately \$11,000,000,000 in medical expendi-
26 tures.

1 (5) Childhood obesity is preventable but will re-
2 quire changes across the multiple environments to
3 which our children are exposed. This includes homes,
4 schools, communities, and society at large.

5 (6) Overweight and obesity in children are
6 caused by unhealthy eating habits and a lack of
7 physical activity.

8 (7) Only 2 percent of school children meet all
9 of the recommendations of the Food Guide Pyramid.
10 Sixty percent of young people eat too much fat and
11 less than 20 percent eat the recommended 5 or more
12 servings of fruits and vegetables each day.

13 (8) More than one third of young people do not
14 meet recommended guidelines for physical activity.
15 Daily participation in high school physical education
16 classes dropped from 42 percent in 1991 to 28 per-
17 cent in 2003.

18 (9) Children spend an average of 5½ hours per
19 day using media, more time than they spend doing
20 anything besides sleeping.

21 (10) Children are exposed to an average of
22 40,000 television advertisements each year for
23 candy, high sugar cereals, and fast food. Fast food
24 outlets alone spend \$3,000,000,000 in advertise-

1 ments targeting children. Children are exposed to
2 one food commercial every 5 minutes.

3 (11) A coordinated effort involving evidence-
4 based approaches is needed to ensure children de-
5 velop in a society in which healthy lifestyle choices
6 are available and encouraged.

7 **TITLE I—FEDERAL OBESITY** 8 **PREVENTION**

9 **SEC. 101. FEDERAL LEADERSHIP COMMISSION TO PRE-**
10 **VENT CHILDHOOD OBESITY.**

11 Part Q of title III of the Public Health Service Act
12 (42 U.S.C. 280h et seq.) is amended by inserting section
13 399W, the following:

14 **“SEC. 399W-1. FEDERAL LEADERSHIP COMMISSION TO PRE-**
15 **VENT CHILDHOOD OBESITY.**

16 “(a) IN GENERAL.—The Secretary shall ensure that
17 the Federal Government coordinates efforts to develop,
18 implement, and enforce policies that promote messages
19 and activities designed to prevent obesity among children
20 and youth.

21 “(b) ESTABLISHMENT OF LEADERSHIP COMMIS-
22 SION.—The Secretary, acting through the Director of the
23 Centers for Disease Control and Prevention, shall estab-
24 lish within the Centers for Disease Control and Prevention
25 a Federal Leadership Commission to Prevent Childhood

1 Obesity (referred to in this section as the ‘Commission’)
2 to assess and make recommendations for Federal depart-
3 mental policies, programs, and messages relating to the
4 prevention of childhood obesity. The Director shall serve
5 as the chairperson of the Commission.

6 “(c) MEMBERSHIP.—The Commission shall include
7 representatives of offices and agencies within—

8 “(1) the Department of Health and Human
9 Services;

10 “(2) the Department of Agriculture;

11 “(3) the Department of Commerce;

12 “(4) the Department of Education;

13 “(5) the Department of Housing and Urban
14 Development;

15 “(6) the Department of the Interior;

16 “(7) the Department of Labor;

17 “(8) the Department of Transportation;

18 “(9) the Federal Trade Commission; and

19 “(10) other Federal entities as determined ap-
20 propriate by the Secretary.

21 “(d) DUTIES.—The Commission shall—

22 “(1) serve as a centralized mechanism to co-
23 ordinate activities related to obesity prevention
24 across all Federal departments and agencies;

1 “(2) establish specific goals for obesity preven-
2 tion, and determine accountability for reaching these
3 goals, within and across Federal departments and
4 agencies;

5 “(3) review evaluation and economic data relat-
6 ing to the impact of Federal interventions on the
7 prevention of childhood obesity;

8 “(4) provide a description of evidence-based
9 best practices, model programs, effective guidelines,
10 and other strategies for preventing childhood obe-
11 sity;

12 “(5) make recommendations to improve Federal
13 efforts relating to obesity prevention and to ensure
14 Federal efforts are consistent with available stand-
15 ards and evidence; and

16 “(6) monitor Federal progress in meeting spe-
17 cific obesity prevention goals.

18 “(e) STUDY; SUMMIT; GUIDELINES.—

19 “(1) STUDY.—The Government Accountability
20 Office shall—

21 “(A) conduct a study to assess the effect
22 of Federal nutrition assistance programs and
23 agricultural policies on the prevention of child-
24 hood obesity, and prepare a report on the re-
25 sults of such study that shall include a descrip-

tion and evaluation of the content and impact of Federal agriculture subsidy and commodity programs and policies as such relate to Federal nutrition programs;

“(B) make recommendations to guide or revise Federal policies for ensuring access to nutritional foods in Federal nutrition assistance programs; and

“(C) complete the activities provided for under this section not later than 18 months after the date of enactment of this section.

“(2) INSTITUTE OF MEDICINE STUDY.—

“(A) IN GENERAL.—Not later than 6 months after the date of enactment of this section, the Secretary shall request that the Institute of Medicine (or similar organization) conduct a study and make recommendations on guidelines for nutritional food and physical activity advertising and marketing to prevent childhood obesity. In conducting such study the Institute of Medicine shall—

“(i) evaluate children’s advertising and marketing guidelines and evidence-based literature relating to the impact of

advertising on nutritional foods and physical activity in children and youth; and

“(ii) make recommendations on national guidelines for advertising and marketing practices relating to children and youth that—

“(I) reduce the exposure of children and youth to advertising and marketing of foods of poor or minimal nutritional value and practices that promote sedentary behavior; and

“(II) increase the number of media messages that promote physical activity and sound nutrition.

“(B) GUIDELINES.—Not later than 2 years after the date of enactment of this section, the Institute of Medicine shall submit to the Commission the final report concerning the results of the study, and making the recommendations, required under this paragraph.

“(3) NATIONAL SUMMIT.—

“(A) IN GENERAL.—Not later than 1 year after the date on which the report under paragraph (2)(B) is submitted, the Commission shall convene a National Summit to Implement

1 Food and Physical Activity Advertising and
2 Marketing Guidelines to Prevent Childhood
3 Obesity (referred to in this section as the ‘Sum-
4 mit’).

5 “(B) COLLABORATIVE EFFORT.—The
6 Summit shall be a collaborative effort and in-
7 clude representatives from—

8 “(i) education and child development
9 groups;

10 “(ii) public health and behavioral
11 science groups;

12 “(iii) child advocacy and health care
13 provider groups; and

14 “(iv) advertising and marketing indus-
15 try.

16 “(C) ACTIVITIES.—The participants in the
17 Summit shall develop a 5 year plan for imple-
18 menting the national guidelines recommended
19 by the Institute of Medicine in the report sub-
20 mitted under paragraph (2)(B).

21 “(D) EVALUATION AND REPORTS.—Not
22 later than 1 year after the date of enactment of
23 this section, and biannually thereafter, the
24 Commission shall evaluate and submit a report
25 to Congress on the efforts of the Federal Gov-

1 ernment to implement the recommendations
 2 made by the Institute of Medicine in the report
 3 under paragraph (2)(B) that shall include a de-
 4 tailed description of the plan of the Secretary to
 5 implement such recommendations.

6 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
 7 are authorized to be appropriated to carry out this section,
 8 such sums as may be necessary for each of fiscal years
 9 2005 through 2009.

10 “(g) DEFINITIONS.—For purposes of this section, the
 11 definitions contained in section 401 of the Prevention of
 12 Childhood Obesity Act shall apply.”.

13 **SEC. 102. FEDERAL TRADE COMMISSION AND MARKETING**
 14 **TO CHILDREN AND YOUTH.**

15 (a) IN GENERAL.—Notwithstanding section 18 of the
 16 Federal Trade Commission Act (15 U.S.C. 82a), the Fed-
 17 eral Trade Commission is authorized to promulgate regu-
 18 lations and monitor compliance with the guidelines for ad-
 19 vertising and marketing of nutritional foods and physical
 20 activity directed at children and youth, as recommended
 21 by the National Summit to Implement Nutritional Food
 22 and Physical Activity Advertising and Marketing Guide-
 23 lines to Prevent Childhood Obesity (as established under
 24 section 399W–1(e)(3) of the Public Health Service Act).

1 (b) FINES.—Notwithstanding section 18 of the Fed-
 2 eral Trade Commission Act (15 U.S.C. 82a), the Federal
 3 Trade Commission may assess fines on advertisers or net-
 4 work and media groups that fail to comply with the guide-
 5 lines described in subsection (a).

6 **TITLE II—STATE CHILDREN AND**
 7 **YOUTH OBESITY PREVENTION**
 8 **AND CONTROL**

9 **SEC. 201. AMENDMENT TO THE PUBLIC HEALTH SERVICE**
 10 **ACT.**

11 Title III of the Public Health Service Act (42 U.S.C.
 12 241 et seq.) is amended by adding at the end the fol-
 13 lowing:

14 **“PART R—OBESITY PREVENTION AND CONTROL**
 15 **“SEC. 399AA. STATE CHILDHOOD OBESITY PREVENTION**
 16 **AND CONTROL PROGRAMS.**

17 “(a) IN GENERAL.—The Secretary, acting through
 18 the Director of the Centers for Disease Control and Pre-
 19 vention, shall award competitive grants to eligible entities
 20 to support activities that implement the children’s obesity
 21 prevention and control plans contained in the applications
 22 submitted under subsection (b)(2).

23 “(b) ELIGIBILITY.—To be eligible to receive a grant
 24 under this section, an entity shall—

1 “(1) be a State, territory, or an Indian tribe;
2 and

3 “(2) submit to the Secretary an application at
4 such time, in such manner, and containing such
5 agreements, assurances, and information as the Sec-
6 retary may require, including a children’s obesity
7 prevention and control plan that—

8 “(A) is developed with the advice of stake-
9 holders from the public, private, and nonprofit
10 sectors that have expertise relating to obesity
11 prevention and control;

12 “(B) targets prevention and control of
13 childhood obesity;

14 “(C) describes the obesity-related services
15 and activities to be undertaken or supported by
16 the applicant; and

17 “(D) describes plans or methods to evalu-
18 ate the services and activities to be carried out
19 under the grant.

20 “(e) USE OF FUNDS.—An eligible entity shall
21 use amounts received under a grant under this sec-
22 tion to conduct, in a manner consistent with the
23 children’s obesity prevention and control plan under
24 subsection (b)(2)—

1 “(1) an assessment of the prevalence and inci-
2 dence of obesity in children;

3 “(2) an identification of evidence-based and
4 cost-effective best practices for preventing childhood
5 obesity;

6 “(3) innovative multi-level behavioral or envi-
7 ronmental interventions to prevent childhood obesity;

8 “(4) demonstration projects for the prevention
9 of obesity in children and youth through partner-
10 ships between private industry organizations, com-
11 munity-based organizations, academic institutions,
12 schools, hospitals, health insurers, researchers,
13 health professionals, or other health entities deter-
14 mined appropriate by the Secretary;

15 “(5) ongoing coordination of efforts between
16 governmental and nonprofit entities pursuing obesity
17 prevention and control efforts, including those enti-
18 ties involved in related areas that may inform or
19 overlap with childhood obesity prevention and con-
20 trol efforts, such as activities to promote school nu-
21 trition and physical activity; and

22 “(6) evaluations of State and local policies and
23 programs related to obesity prevention in children.

24 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
25 are authorized to be appropriated to carry out this section,

1 such sums as may be necessary for each of fiscal years
 2 2005 through 2009.

3 **“SEC. 399AA–1. COMPREHENSIVE OBESITY PREVENTION AC-**
 4 **TION GRANTS.**

5 “(a) IN GENERAL.—The Secretary shall award
 6 grants on a competitive basis to eligible entities to enable
 7 such entities to implement activities related to obesity pre-
 8 vention and control.

9 “(b) ELIGIBILITY.—To be eligible to receive a grant
 10 under this section, an entity shall—

11 “(1) be a public or private nonprofit entity; and

12 “(2) submit to the Secretary an application at
 13 such time, in such manner, and containing such
 14 agreements, assurances, and information as the Sec-
 15 retary may require, including a description of how
 16 funds received under a grant awarded under this
 17 section will be used to—

18 “(A) supplement or fulfill unmet needs
 19 identified in the children’s obesity prevention
 20 and control plan of a State, Indian tribe, or ter-
 21 ritory (as prepared under this part); and

22 “(B) otherwise help achieve the goals of
 23 obesity prevention as established by the Sec-
 24 retary or the Commission.

1 “(c) PRIORITY.—In awarding grants under this sec-
2 tion, the Secretary shall give priority to eligible entities
3 submitting applications proposing to carry out programs
4 for preventing obesity in children and youth from at-risk
5 populations or reducing health disparities in underserved
6 populations.

7 “(d) USE OF FUNDS.—An eligible entity shall use
8 amounts received under a grant awarded under subsection
9 (a) to implement and evaluate behavioral and environ-
10 mental change programs for childhood obesity prevention.

11 “(e) EVALUATION.—An eligible entity that receives a
12 grant under this section shall submit to the Secretary an
13 evaluation of the operations and activities carried out
14 under such grant that includes an analysis of the utiliza-
15 tion and benefit of public health programs relevant to the
16 activities described in subsection (d).

17 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
18 are authorized to be appropriated to carry out this section,
19 such sums as may be necessary for each of fiscal years
20 2005 through 2009.

1 **“SEC. 399AA-2. DISCOVERY TO PRACTICE CENTERS OF EX-**
 2 **CELLENCE WITHIN THE HEALTH PROMOTION**
 3 **AND DISEASE PREVENTION RESEARCH CEN-**
 4 **TERS OF THE CENTERS FOR DISEASE CON-**
 5 **TROL AND PREVENTION.**

6 “(a) IN GENERAL.—The Secretary, acting through
 7 the Director of the Centers for Disease Control and Pre-
 8 vention, shall award grants to eligible entities for the es-
 9 tablishment of Centers of Excellence for Discovery to
 10 Practice (referred to in this section as the ‘Centers’) im-
 11 plemented through the Health Promotion and Disease
 12 Prevention Research Centers of the Centers for Disease
 13 Control and Prevention. Such eligible entities shall use
 14 grant funds to disseminate childhood obesity prevention
 15 evidence-based practices to individuals, families, schools,
 16 organizations, and communities.

17 “(b) ELIGIBILITY.—To be eligible to receive a grant
 18 under this section, an entity shall—

19 “(1) be a Health Promotion and Disease Pre-
 20 vention Research Center of the Centers for Disease
 21 Control and Prevention;

22 “(2) demonstrate a history of service to and
 23 collaboration with populations with a high incidence
 24 of childhood obesity; and

25 “(3) submit to the Secretary an application at
 26 such time, in such manner, and containing such

1 agreements, assurances, and information as the Sec-
2 retary may require.

3 “(c) PRIORITY.—In awarding grants under this sec-
4 tion, the Secretary shall give priority to applications tar-
5 geting childhood obesity prevention activities in under-
6 served populations.

7 “(d) USE OF FUNDS.—An eligible entity shall use
8 amounts received under a grant under this section to dis-
9 seminate childhood obesity prevention evidence-based
10 practices through activities that—

11 “(1) expand the availability of evidence-based
12 nutrition and physical activity programs designed
13 specifically for the prevention of childhood obesity;
14 and

15 “(2) train lay and professional individuals on
16 determinants of and methods for preventing child-
17 hood obesity.

18 “(e) EVALUATION.—An eligible entity that receives a
19 grant under this section shall submit to the Secretary an
20 evaluation of the operations and activities carried out
21 under such a grant that includes an analysis of increased
22 utilization and benefit of programs relevant to the activi-
23 ties described in subsection (d).

1 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
 2 are authorized to be appropriated to carry out this section,
 3 \$50,000,000 for each of fiscal years 2005 through 2009.

4 **“SEC. 399AA-3. DEFINITIONS.**

5 “For purposes of this part, the definitions contained
 6 in section 401 of the Prevention of Childhood Obesity Act
 7 shall apply.”.

8 **TITLE III—FEDERAL PROGRAMS**
 9 **TO PREVENT CHILDHOOD**
 10 **OBESITY**

11 **Subtitle A—Preventing Obesity at**
 12 **Home**

13 **SEC. 301. DEVELOPMENT OF OBESITY PREVENTION BEHAV-**
 14 **IOR CHANGE CURRICULA FOR EARLY CHILD-**
 15 **HOOD HOME VISITATION PROGRAMS.**

16 Title III of the Public Health Service Act (42 U.S.C.
 17 241 et seq.), as amended by section 201, is further amend-
 18 ed by adding at the end the following:

19 **“PART S—PREVENTING CHILDHOOD OBESITY**

20 **“SEC. 399BB. DEVELOPMENT OF OBESITY PREVENTION BE-**
 21 **HAVIOR CHANGE CURRICULA FOR EARLY**
 22 **CHILDHOOD HOME VISITATION PROGRAMS.**

23 “(a) IN GENERAL.—The Secretary, in collaboration
 24 with the Director of the Centers for Disease Control and
 25 Prevention and the Secretary of Education, shall award

1 grants for the development of obesity prevention behavior
2 change curricula to be incorporated into early childhood
3 home visitation programs.

4 “(b) ELIGIBILITY.—To be eligible to receive a grant
5 under this section, an entity shall—

6 “(1) be an academic center collaborating with a
7 public or private nonprofit organization that has the
8 capability of testing behavior change curricula in
9 service delivery settings and disseminating results to
10 home visiting programs nationally, except that an
11 organization testing the behavior change curricula
12 developed under the grant shall implement a model
13 of home visitation that—

14 “(A) focuses on parental education and
15 care of children who are prenatal through 5
16 years of age;

17 “(B) promotes the overall health and well-
18 being of young children; and

19 “(C) adheres to established quality stand-
20 ards; and

21 “(2) submit to the Secretary an application at
22 such time, in such manner, and containing such
23 agreements, assurances, and information as the Sec-
24 retary may require.

1 “(c) PRIORITY.—In awarding grants under this sec-
 2 tion, the Secretary shall give priority to eligible entities
 3 submitting applications that propose to develop and imple-
 4 ment programs for preventing childhood obesity and re-
 5 ducing health disparities in underserved populations.

6 “(d) USE OF FUNDS.—An eligible entity shall use
 7 amounts received under a grant under this section to de-
 8 velop, implement, and evaluate the impact of behavior
 9 change curricula for early childhood home visitation pro-
 10 grams that—

11 “(1) encourage breast-feeding of infants;

12 “(2) promote age-appropriate portion sizes for
 13 a variety of nutritious foods;

14 “(3) promote consumption of fruits and vegeta-
 15 bles and low-energy dense foods; and

16 “(4) encourage education around parental mod-
 17 eling of physical activity and reduction in television
 18 viewing and other sedentary activities by toddlers
 19 and young children.

20 “(e) EVALUATION.—Not later than 3 years after the
 21 date on which a grant is awarded under this section, the
 22 grantee shall submit to the Secretary a report that de-
 23 scribes the activities carried out with funds received under
 24 the grant and the effectiveness of such activities in pre-

1 venting obesity by improving nutrition and increasing
2 physical activity.

3 “(f) INCORPORATION INTO EVIDENCE-BASED PRO-
4 GRAMS.—The Secretary, in consultation with the heads of
5 other Federal departments and agencies, shall ensure that
6 policies that prevent childhood obesity are incorporated
7 into evidence-based early childhood home visitation pro-
8 grams in a manner that provides for measurable outcomes.

9 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
10 is authorized to be appropriated to carry out this section,
11 \$25,000,000 for each of fiscal years 2005 through 2009.”.

12 **Subtitle B—Preventing Childhood** 13 **Obesity in Schools**

14 **SEC. 311. PREVENTING CHILDHOOD OBESITY IN SCHOOLS.**

15 (a) IN GENERAL.—Part S of title III of the Public
16 Health Service Act (as added by section 301) is amended
17 by adding at the end the following:

18 **“SEC. 399BB-1. PREVENTING CHILDHOOD OBESITY IN** 19 **SCHOOLS.**

20 “(a) IN GENERAL.—The Secretary, in collaboration
21 with the Director of the Centers for Disease Control and
22 Prevention, the Secretary of Education, the Secretary of
23 Agriculture, and the Secretary of the Interior shall estab-
24 lish and implement activities to prevent obesity by encour-

1 aging healthy nutrition choices and physical activity in
2 schools.

3 “(b) SCHOOLS.—The Secretary, in consultation with
4 the Secretary of Education, shall require that each local
5 education agency that receives Federal funds establish
6 policies to ban vending machines that sell foods of poor
7 or minimal nutritional value in schools.

8 “(c) SCHOOL DISTRICTS.—

9 “(1) IN GENERAL.—The Secretary shall award
10 grants to local education agencies to enable elemen-
11 tary and secondary schools to promote good nutri-
12 tion and physical activity among children.

13 “(2) CAROL M. WHITE PHYSICAL EDUCATION
14 PROGRAM.—The Secretary of Education, in collabo-
15 ration with the Secretary, may give priority in
16 awarding grants under the Carol M. White Physical
17 Education Program under subpart 10 of part D of
18 title V of the Elementary and Secondary Education
19 Act of 1965 to local education agencies and other el-
20 igible entities that have a plan to—

21 “(A) implement behavior change curricula
22 that promotes the concepts of energy balance,
23 good nutrition, and physical activity;

24 “(B) implement policies that encourage the
25 appropriate portion sizes and limit access to

1 soft drinks or other foods of poor or minimal
 2 nutritional value on school campuses, and at
 3 school events;

4 “(C) provide age-appropriate daily physical
 5 activity that helps students to adopt, maintain,
 6 and enjoy a physically active lifestyle;

7 “(D) maintain a minimum number of func-
 8 tioning water fountains (based on the number
 9 of individuals) in school buildings;

10 “(E) prohibit advertisements and mar-
 11 keting in schools and on school grounds for
 12 foods of poor or minimal nutritional value such
 13 as fast foods, soft drinks, and candy; and

14 “(F) develop and implement policies to
 15 conduct an annual assessment of each student’s
 16 body mass index and provide such assessment
 17 to the student and the parents of that student
 18 with appropriate referral mechanisms to ad-
 19 dress concerns with respect to the results of
 20 such assessments.

21 “(3) GRANTS FOR ADDITIONAL ACTIVITIES.—
 22 The Director of the Centers for Disease Control and
 23 Prevention, in collaboration with the Secretary, the
 24 Secretary of Agriculture, and the Secretary of Edu-

1 cation, shall award grants for the implementation
2 and evaluation of activities that—

3 “(A) educate students about the health
4 benefits of good nutrition and moderate or vig-
5 orous physical activity by integrating it into
6 other subject areas and curriculum;

7 “(B) provide food options that are low in
8 fat, calories, and added sugars such as fruit,
9 vegetables, whole grains, and dairy products;

10 “(C) develop and implement guidelines for
11 healthful snacks and foods for sale in vending
12 machines, school stores, and other venues with-
13 in the school’s control;

14 “(D) restrict student access to vending
15 machines, school stores, and other venues that
16 contain foods of poor or minimal nutritional
17 value;

18 “(E) encourage adherence to single-portion
19 sizes, as defined by the Food and Drug Admin-
20 istration, in foods offered in the school environ-
21 ment;

22 “(F) provide daily physical education for
23 students in prekindergarten through grade 12
24 through programs that are consistent with the
25 Guidelines for Physical Activity as reported by

1 Centers for Disease Control and Prevention and
 2 the American College of Sports Medicine and
 3 National Physical Education Standards;

4 “(G) encourage the use of school facilities
 5 for physical activity programs offered by the
 6 school or community-based organizations out-
 7 side of school hours;

8 “(H) promote walking or bicycling to and
 9 from school using such programs as Walking
 10 School Bus and Bike Train;

11 “(I) train school personnel in a manner
 12 that provides such personnel with the knowl-
 13 edge and skills needed to effectively teach life-
 14 long healthy eating and physical activity; and

15 “(J) evaluate the impact of school nutri-
 16 tion and physical education programs and facili-
 17 ties on body mass index and related fitness cri-
 18 teria at annual intervals to determine the extent
 19 to which national guidelines are met.

20 “(d) EVALUATION.—Not later than 3 years after the
 21 date on which a grant is awarded under this section, the
 22 grantee shall submit to the Director of the Centers for
 23 Disease Control and Prevention a report that describes the
 24 activities carried out with funds received under the grant

1 and the effectiveness of such activities in improving nutri-
 2 tion and increasing physical activity.

3 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
 4 is authorized to be appropriated to carry out this section,
 5 \$50,000,000 for each of fiscal years 2005 through 2009.”.

6 (b) CAROL M. WHITE PHYSICAL EDUCATION PRO-
 7 GRAM.—Subpart 10 of part D of title V of the Elementary
 8 and Secondary Education Act of 1965 (20 U.S.C. 7261
 9 et seq.) is amended by adding at the end the following:

10 **“SEC. 5508. AUTHORIZATION OF APPROPRIATIONS.**

11 “There are authorized to be appropriated to carry out
 12 this subpart, \$150,000,000 for each of fiscal years 2006
 13 through 2010.”.

14 **Subtitle C—Preventing Childhood**
 15 **Obesity in Afterschool Programs**

16 **SEC. 321. CHILDHOOD OBESITY PREVENTION GRANTS TO**
 17 **AFTERSCHOOL PROGRAMS.**

18 Part S of title III of the Public Health Service Act
 19 (as amended by section 311) is further amended by adding
 20 at the end the following:

21 **“SEC. 399BB-2. CHILDHOOD OBESITY PREVENTION GRANTS**
 22 **TO AFTERSCHOOL PROGRAMS.**

23 “(a) IN GENERAL.—The Secretary, in collaboration
 24 with the Director of the Centers for Disease Control and
 25 Prevention and the Secretary of Education, shall award

1 grants for the development of obesity prevention behavior
2 change curricula for afterschool programs for children.

3 “(b) ELIGIBILITY.—To be eligible to receive a grant
4 under this section, an entity shall—

5 “(1) be an academic center collaborating with a
6 public or private nonprofit organization that has the
7 capability of testing behavior change curricula in
8 service delivery settings and disseminating results to
9 afterschool programs on a nationwide basis, except
10 that an organization testing the behavior change
11 curricula developed under the grant shall implement
12 a model of afterschool programming that shall—

13 “(A) focus on afterschool programs for
14 children up to the age of 13 years;

15 “(B) promote the overall health and well-
16 being of children and youth; and

17 “(C) adhere to established quality stand-
18 ards; and

19 “(2) submit to the Secretary an application at
20 such time, in such manner, and containing such
21 agreements, assurances, and information as the Sec-
22 retary may require.

23 “(c) PRIORITY.—In awarding grants under this sec-
24 tion, the Secretary shall give priority to eligible entities
25 submitting applications proposing to develop, implement,

1 and evaluate programs for preventing and controlling
 2 childhood obesity or reducing health disparities in under-
 3 served populations.

4 “(d) USE OF FUNDS.—An eligible entity shall use
 5 amounts received under a grant under this section to de-
 6 velop, implement, and evaluate, and disseminate the re-
 7 sults of such evaluations, the impact of curricula for after-
 8 school programs that promote—

9 “(1) age-appropriate portion sizes;

10 “(2) consumption of fruits and vegetables and
 11 low-energy dense foods;

12 “(3) physical activity; and

13 “(4) reduction in television viewing and other
 14 passive activities.

15 “(e) EVALUATION.—Not later than 3 years after the
 16 date on which a grant is awarded under this section, the
 17 grantee shall submit to the Secretary a report that de-
 18 scribed the activities carried out with funds received under
 19 the grant and the effectiveness of such activities in pre-
 20 venting obesity, improving nutrition, and increasing phys-
 21 ical activity.

22 “(f) INCORPORATION OF POLICIES INTO FEDERAL
 23 PROGRAMS.—The Secretary, in consultation with the
 24 heads of other Federal departments and agencies, shall
 25 ensure that policies that prevent childhood obesity are in-

1 incorporated into evidence-based afterschool programs in a
 2 manner that provides for measurable outcomes.

3 “(g) DEFINITION.—This section, the term ‘after-
 4 school programs’ means programs providing structured
 5 activities for children during out-of-school time, including
 6 before school, after school, and during the summer
 7 months.

8 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
 9 is authorized to be appropriated to carry out this section,
 10 \$25,000,000 for each of fiscal years 2005 through 2009.”.

11 **Subtitle D—Training Early Child-**
 12 **hood and Afterschool Profes-**
 13 **sionals to Prevent Childhood**
 14 **Obesity**

15 **SEC. 331. TRAINING EARLY CHILDHOOD AND AFTER-**
 16 **SCHOOL PROFESSIONALS TO PREVENT**
 17 **CHILDHOOD OBESITY.**

18 Part S of title III of the Public Health Service Act
 19 (as amended by section 321) is further amended by adding
 20 at the end the following:

21 **“SEC. 399BB-3. TRAINING EARLY CHILDHOOD AND AFTER-**
 22 **SCHOOL PROFESSIONALS TO PREVENT**
 23 **CHILDHOOD OBESITY.**

24 “(a) IN GENERAL.—The Secretary, acting through
 25 the Administrator of the Health Resources and Services

1 Administration, shall award grants to support the training
 2 of early childhood professionals (such as parent educators
 3 and child care providers) about obesity prevention, with
 4 emphasis on nationally accepted standards.

5 “(b) ELIGIBILITY.—To be eligible to receive a grant
 6 under this section, an entity shall—

7 “(1) be a public or private nonprofit organiza-
 8 tion that conducts or supports early childhood and
 9 afterschool programs, home visitation, or other ini-
 10 tiatives that—

11 “(A) focus on parental education and care
 12 of children;

13 “(B) promote the overall health and well-
 14 being of children;

15 “(C) adhere to established quality stand-
 16 ards; and

17 “(D) have the capability to provide or dis-
 18 tribute training on a nationwide basis; and

19 “(2) submit to the Secretary an application at
 20 such time, in such manner, and containing such
 21 agreements, assurances, and information as the Sec-
 22 retary may require.

23 “(c) EVALUATION.—Not later than 3 years after the
 24 date on which a grant is awarded under this section, the
 25 grantee shall submit to the Administrator of the Health

1 Resources and Services Administration a report that de-
 2 scribes the activities carried out with funds received under
 3 the grant and the effectiveness of such activities in im-
 4 proving the practice of child care and afterschool profes-
 5 sionals with respect to the prevention of obesity.

6 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
 7 is authorized to be appropriated to carry out this section,
 8 \$10,000,000 for each of fiscal years 2005 through 2009.”.

9 **Subtitle E—Preventing Childhood** 10 **Obesity in Communities**

11 **SEC. 341. PREVENTING CHILDHOOD OBESITY IN COMMU-** 12 **NITIES.**

13 Part S of title III of the Public Health Service Act
 14 (as amended by section 331) is further amended by adding
 15 at the end the following:

16 **“SEC. 399BB–4. PREVENTING CHILDHOOD OBESITY IN COM-** 17 **MUNITIES.**

18 “(a) IN GENERAL.—The Director of the Centers for
 19 Disease Control and Prevention, in collaboration with the
 20 Secretary, the Secretary of Transportation, and Secretary
 21 of the Interior, shall award grants and implement activi-
 22 ties to encourage healthy nutrition and physical activity
 23 by children in communities.

24 “(b) ELIGIBILITY.—To be eligible to receive a grant
 25 under this section, an entity shall—

1 “(1) be a public or private nonprofit organiza-
2 tion or community-based organizations that conduct
3 initiatives that—

4 “(A) focus on parental education and care
5 of children;

6 “(B) promote the overall health and well-
7 being of children;

8 “(C) adhere to established quality stand-
9 ards; and

10 “(D) have the capability to provide train-
11 ing on a nationwide basis; and

12 “(2) submit to the Secretary an application at
13 such time, in such manner, and containing such
14 agreements, assurances, and information as the Sec-
15 retary may require.

16 “(c) COMMUNITIES.—

17 “(1) IN GENERAL.—The Director of the Cen-
18 ters for Disease Control and Prevention, in collabo-
19 ration with the Secretary, the Secretary of Trans-
20 portation, and Secretary of the Interior, shall award
21 grants to eligible entities to develop broad partner-
22 ships between private and public and nonprofit enti-
23 ties to promote healthy nutrition and physical activ-
24 ity for children by assessing, modifying, and improv-
25 ing community planning and design.

1 “(2) ACTIVITIES.—Amounts awarded under a
2 grant under paragraph (1) shall be used for the im-
3 plementation and evaluation of activities—

4 “(A) to create neighborhoods that encour-
5 age healthy nutrition and physical activity;

6 “(B) to promote safe walking and biking
7 routes to schools;

8 “(C) to design pedestrian zones and con-
9 struct safe walkways, cycling paths, and play-
10 grounds;

11 “(D) to implement campaigns, in commu-
12 nities at risk for sedentary activity, designed to
13 increase levels of physical activity, which should
14 be evidence-based, and may incorporate infor-
15 mational, behavioral, and social, or environ-
16 mental and policy change interventions;

17 “(E) to implement campaigns, in commu-
18 nities at risk for poor nutrition, that are de-
19 signed to promote intake of foods by children
20 consistent with established dietary guidelines
21 through the use of different types of media in-
22 cluding television, radio, newspapers, movie the-
23 aters, billboards, and mailings; and

24 “(F) to implement campaigns, in commu-
25 nities at risk for poor nutrition, that promote

1 water as the main daily drink of choice for chil-
 2 dren through the use of different types of media
 3 including television, radio, newspapers, movie
 4 theaters, billboards, and mailings.

5 “(d) EVALUATION.—Not later than 3 years after the
 6 date on which a grant is awarded under this section, the
 7 grantee shall submit to the Director of the Centers for
 8 Disease Control and Prevention a report that describes the
 9 activities carried out with funds receive under the grant
 10 and the effectiveness of such activities in increasing phys-
 11 ical activity and improving dietary intake.

12 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
 13 is authorized to be appropriated to carry out this section,
 14 \$50,000,000 for each of fiscal years 2005 through 2009.

15 **“SEC. 399BB–5. DEFINITIONS.**

16 “For purposes of this part, the definitions contained
 17 in section 401 of the Prevention of Childhood Obesity Act
 18 shall apply.”.

19 **SEC. 342. GRANTS AND CONTRACTS FOR A NATIONAL CAM-**
 20 **PAIGN TO CHANGE CHILDREN’S HEALTH BE-**
 21 **HAVIORS.**

22 Section 399Y of the Public Health Service Act (42
 23 U.S.C. 280h–2) is amended by striking subsection (b) and
 24 inserting the following:

25 “(b) GRANTS.—

1 “(1) IN GENERAL.—The Secretary, acting
2 through the Director of the Centers for Disease
3 Control and Prevention, shall award grants or con-
4 tracts to eligible entities to design and implement
5 culturally and linguistically appropriate and com-
6 petent campaigns to change children’s health behav-
7 iors.

8 “(2) ELIGIBLE ENTITY.—In this subsection, the
9 term ‘eligible entity’ means a marketing, public rela-
10 tions, advertising, or other appropriate entity.

11 “(3) CONTENT.—An eligible entity that receives
12 a grant under this subsection shall use funds re-
13 ceived through such grant or contract to utilize mar-
14 keting and communication strategies to—

15 “(A) communicate messages to help young
16 people develop habits that will foster good
17 health over a lifetime;

18 “(B) provide young people with motivation
19 to engage in sports and other physical activi-
20 ties;

21 “(C) influence youth to develop good
22 health habits such as regular physical activity
23 and good nutrition;

24 “(D) educate parents of young people on
25 the importance of physical activity and improv-

ing nutrition, how to maintain healthy behaviors for the entire family, and how to encourage children to develop good nutrition and physical activity habits; and

“(E) discourage stigmatization and discrimination based on body size or shape.

“(4) REPORT.—The Secretary shall evaluate the effectiveness of the campaign described in paragraph (1) in changing children’s behaviors and report such results to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives.

“(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$125,000,000 for fiscal year 2005, and such sums as may be necessary for each of fiscal years 2006 through 2010.”.

SEC. 343. PREVENTION OF CHILDHOOD OBESITY RESEARCH THROUGH THE NATIONAL INSTITUTES OF HEALTH.

(a) IN GENERAL.—The Director of the National Institutes of Health, in accordance with the National Institute of Health’s Strategic Plan for Obesity Research, shall expand and intensify research that addresses the prevention of childhood obesity.

1 (b) PLAN.—The Director of the National Institutes
2 of Health shall—

3 (1) conduct or support research programs and
4 research training concerning the prevention of obe-
5 sity in children; and

6 (2) develop and periodically review, and revise
7 as appropriate, the Strategic Plan for Obesity Re-
8 search.

9 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
10 authorized to be appropriated to carry out this section,
11 such sums as may be necessary for each of fiscal years
12 2005 through 2010. Amounts appropriated under this sec-
13 tion shall be in addition to other amounts available for
14 carrying out activities of the type described in this section.

15 **TITLE IV—MISCELLANEOUS** 16 **PROVISIONS**

17 **SEC. 401. DEFINITIONS.**

18 In this Act:

19 (1) CHILDHOOD.—The term “childhood” means
20 children and youth from birth to 18 years of age.

21 (2) CHILDREN.—The term “children” means
22 children and youth from birth through 18 years of
23 age.

24 (3) FOOD OF POOR OR MINIMAL NUTRITIONAL
25 VALUE.—The term “foods with poor or minimal nu-

1 tritional value” has the meaning given such term for
2 purposes of the Richard B. Russell National School
3 Lunch Act (42 U.S.C. 1751 et seq.) and part 210
4 of title 7, Code of Federal Regulations.

5 (4) OBESITY AND OVERWEIGHT.—The terms
6 “obesity” and “overweight” have the meanings given
7 such terms by the Centers for Disease Prevention
8 and Control.

9 (5) OBESITY CONTROL.—The term “obesity
10 control” means programs or activities for the pre-
11 vention of excessive weight gain.

12 (6) OBESITY PREVENTION.—The term “obesity
13 prevention” means programs or activities to prevent
14 obesity or overweight.

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